PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLADATION FOR UTILITY OR	Attorn y Dock t Numb	er Elkan-phone	
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	L. Elkan	
PATENT APPLICATION	COMPLETE IF KNOWN		
(37 CFR 1.63)	Application Number		
Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date		
	Art Unit		
	Examiner Name		

	·						
As the below named inventor, I hereby declare that:							
My residence, mailing address, and citizenship are as stated below next to my name.							
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
Direct-Dial	Message (Center For	Touchto	ne Telephone			
(Title of the Invention)							
the specification of which							
is attached hereto							
OR	:						
was filed on (MM/DD/YYYY) as United States Application Number or PCT International							
Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below							
Name Lisa Tara ElKan							
Address 4612 Hayvenhurst Ave.							
city Encino		state CA	ZIP 91436				
Country US Tele	_{phone} 818-3	26-0285	Fax 818-789-7710				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR :	A petition has	been filed for this unsign	ned inventor				
Given Name (first and middle [if any]) Lisa Tara Family Name or Surname EIKan							
Inventor's Lisa Tara, Elkan			Date 11/10/03				
Residence: City Encino	State CA	Country USA	Citizenship USA				
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city Encino	State CA	_{ZIP} 91436	Country USA				
NAME OF SECOND INVENTOR:	A petition has b	een filed for this unsigne	d inventor				
Given Name (first and middle [if any]) Family Name or Surname							
Inventor's Signature			Date				
Residence: City	State	Country	Citizenship				
Mailing Address							
City	State	ZIP	Country				
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							